



## SUPPLEMENTAL Application Data Sheet

### **Application Information**

Application number:: 10/797,910  
Filing Date:: 03/09/04  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: APPARATUS AND METHODS FOR MAPPING  
OUT ENDOLUMINAL GASTROINTESTINAL  
SURGERY  
Attorney Docket Number:: 021496-000600US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: KENNETH  
Middle Name:: J.  
Family Name:: MICHLITSCH  
City of Residence:: Livermore  
State or Province of Residence:: CA  
Street of Mailing Address:: 822 South M Street  
City of Mailing Address:: Livermore  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 94550

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: VAHID  
Family Name:: SAADAT  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Street of Mailing Address:: 12679 Kane Drive  
City of Mailing Address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RODNEY  
Family Name:: BRENNEMAN  
City of Residence:: San Juan Capistrano  
State or Province of Residence:: CA  
Street of Mailing Address:: 34002 Las Palmas Del Mar  
City of Mailing Address:: San Juan Capistrano  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92675

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	TRACY
Family Name::	MAAHS
City of Residence::	Rancho Santa Margarita
State or Province of Residence::	CA
Street of Mailing Address::	11 Paseo Simpatico
City of Mailing Address::	Rancho Santa Margarita
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	92688

## **Correspondence Information**

Correspondence Customer Number:: 20350

## **Representative Information**

Representative Customer Number:: . 20350

## **Assignee Information**

Assignee Name:: USGI MEDICAL INC.  
Assignee Name:: USGI MEDICAL CORP.  
Street of mailing address:: 1140 Calle Cordillera  
Suite A  
City of mailing address:: San Clemente  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92673